

**RELEASE, INDEMNIFICATION, AND ASSUMPTION OF THE RISK AGREEMENT  
FOR PARTICIPATION IN CITY OF BURBANK PARKS AND RECREATION  
DEPARTMENT SUMMER DAZE FIELD TRIPS.**

For and in consideration of my child's participation in the City of Burbank's Parks and Recreation Department Summer Daze Field Trips ( hereafter, "Event(s)"), I hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death against the City of Burbank or any of its officers, agents, servants or employees, whether the same shall arise by the negligence of any of said persons, or otherwise, occurring to me and/or my children as a result of participating in the Event(s) or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF BURBANK, ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I am fully aware of the risk and hazards inherent in my child's participation in the Event(s). I understand that serious accidents can occur during participation in the Event(s) and that participants could suffer serious injury. I realize that NO MEDICAL INSURANCE IS PROVIDED BY THE CITY OF BURBANK FOR ANY INJURIES THAT MAY OCCUR TO MY CHILD DURING PARTICIPATION IN THE EVENT(S). Nevertheless, I hereby elect voluntarily to allow my child to participate in the Event(s) and assume all risk of loss, damage, or injury that may be sustained to me and/or my children during participation in the Event(s) or any activities incidental thereto.

I agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the City of Burbank, or any of its officers, agents, servants, or employees as a result of my child's participation in the Event(s), I shall indemnify and save harmless the City of Burbank or any of its officers, agents, or employees from any and all such claims or causes of action by whomever or wherever made or presented.

I understand that this RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT shall apply not only to me and/or my children but also to my and/or their heirs, executors, administrators, next of kin, assigns, and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND AM COMPLETELY AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO MY CHILD'S PARTICIPATION IN THE EVENT(S), AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCE OF SIGNING THIS INSTRUMENT.

Name of Child \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Name of Parent/ Guardian (Please Print)

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date